## CLAIMS ONLY

SERIAL NO. 10039254 APPLICANT(S) FILING DATE

CLAIMS

|                 | ASI  | FILED |      | TER<br>NDMENT |      | TER<br>NDMENT |
|-----------------|------|-------|------|---------------|------|---------------|
|                 | IND. | DEP.  | IND. | DEP.          | IND. | DEP.          |
| 1               |      |       |      |               |      |               |
| 2               |      |       |      |               |      |               |
| 3               |      | 1     |      |               |      |               |
| 4               |      | 1     |      |               |      |               |
| 5               |      | 1     |      |               |      |               |
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| 14              |      |       |      |               |      |               |
| 15              |      | 1     |      |               |      |               |
| 16              |      | 1     |      |               |      |               |
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| 27              |      | - 1   |      |               |      |               |
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| 30              |      |       |      |               |      |               |
| 31              |      |       |      |               |      |               |
| 32              |      |       |      |               |      |               |
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| 48              |      |       |      |               |      |               |
| 49              |      |       |      |               |      |               |
| 50              |      |       |      |               |      |               |
| TOTAL<br>IND.   | 577  | Û     |      | 0             |      | ũ             |
| TOTAL<br>DEP.   | 24   | 0     |      |               |      | Û             |
| TOTAL<br>CLAIMS | 29   |       |      |               |      |               |

| MS -            | *    | _             | <del>*</del> |               | <b>*</b> |          |
|-----------------|------|---------------|--------------|---------------|----------|----------|
|                 |      |               |              |               |          |          |
|                 | IND. | DEP.          | IND.         | DEP.          | IND,     | DEP.     |
| 51              |      |               |              |               |          | <b> </b> |
| 52              |      | ļ             | ļ            |               | <u> </u> |          |
| 53              |      | <u> </u>      | <b>_</b>     | ļ             |          | <u> </u> |
| 54              |      |               | <u> </u>     |               |          | ļ        |
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| 59              |      |               |              |               |          |          |
| 60              |      |               |              |               |          |          |
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| 62              |      |               |              |               |          | ļ        |
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| 67              |      |               |              | - ,           |          |          |
| 68_             |      |               |              |               |          |          |
| 69              |      |               |              |               |          |          |
| 70              |      |               |              |               |          |          |
| 71              |      |               |              |               |          |          |
| 72              |      |               |              |               |          |          |
| 73              |      |               |              |               |          |          |
| 74              |      |               |              |               |          |          |
| 75              |      |               |              |               |          | -        |
| 76              |      |               |              |               |          |          |
| 77              |      |               |              |               |          |          |
| 78              |      |               |              |               |          |          |
| 79              |      |               |              |               |          |          |
| 80<br>81        |      |               |              | <del></del> - |          |          |
| 82              |      |               |              |               |          | _        |
| 83              |      |               |              | <i>:</i>      |          |          |
| 84              |      |               |              |               |          |          |
| 85              |      |               |              |               |          |          |
| 86              |      |               |              |               |          |          |
| 87              |      |               |              |               |          |          |
| 88              |      |               |              |               |          |          |
| 89              |      |               |              | <del></del>   |          |          |
| 90              |      |               |              |               |          |          |
| 91              |      |               |              |               |          |          |
| 92              |      |               | -            |               |          |          |
| 93              |      |               |              | —— <u></u>    |          |          |
| 94              |      |               |              |               |          |          |
| 95              |      |               |              |               |          |          |
| 96              |      |               |              |               |          |          |
| 97              |      |               |              |               |          |          |
| 98              |      |               |              |               |          |          |
| 99              |      |               |              |               |          |          |
| 100             |      |               |              |               |          |          |
| TOTAL           |      | <del>  </del> |              |               |          |          |
| IND.            |      | 9             |              | ₽             |          | 9        |
| TOTAL<br>DEP.   |      |               |              |               |          |          |
| YOYAL<br>CLAIMS |      |               |              |               |          |          |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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